

Enhancing mental health recovery: Effectiveness of the Grow to Recovery Train-the-Trainer program in Taiwan

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Mental Health Recovery Laboratory

Background

- Recovery Model has become a mainstream framework of mental health services. Evidence from a meta-analysis indicates that recovery-oriented interventions enhance **recovery, hope, and empowerment** (Thomas et al., 2018).
- In Taiwan, **limited** recovery-oriented services and **low familiarity** with recovery concepts of people with mental illness highlight the need for group interventions. In addition, recovery concepts require **cultural adaptation** in Chinese contexts (Davidson & Tse, 2014; Mak et al., 2016).

Development of the Grow to Recovery program



Initiation of the program in 2016

Feasibility of the program in 2020

- Feasible
- Increase recovery status

Effectiveness of the program: RCT in 2022

- Increase recovery, hope, social support

Next ??

Background

- **The Grow to Recovery program** is an evidence-based initiative supporting people with mental illness in Taiwan, but broader dissemination is needed to facilitate the recovery journey of this population nationwide.

Effectiveness of the Grow to Recovery Train-the-Trainer program- Cluster RCT

Objective

To assess the effectiveness of the Grow to Recovery Train-the-Trainer program

Setting

10 Community psychiatric rehabilitation organizations
(randomly assigned to intervention and control groups by unit)

Participants

- Intervention (5 units) : 23 professionals and 65 people with mental illness
- Control (5 units) : 20 professionals and 62 people with mental illness

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Intervention

- Based on 《Pathways to Recovery: A Strengths Recovery Self-Help Workbook》
- **Grow to Recovery program:** 1.5-hr/week for 20 weeks

RECOVERY



Phase 1 : Recovery Profile

Hope, strengths,
self-redefinition 

Phase 2 : Recovery Plan

Setting and executing
recovery plans 

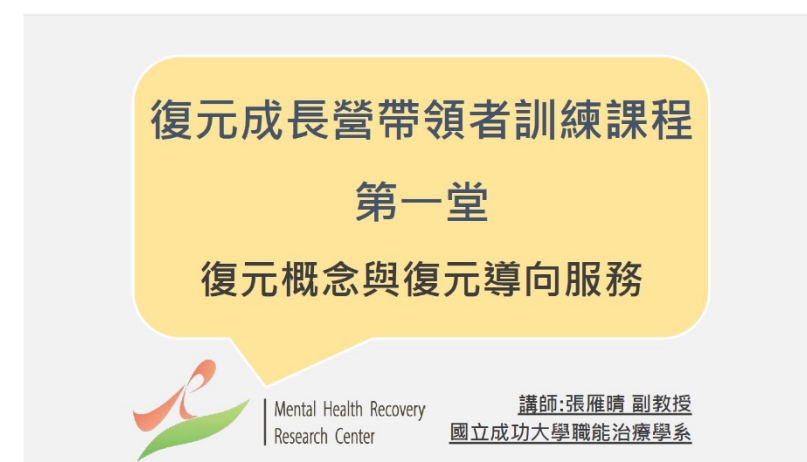
Effectiveness of the Grow to Recovery Train-the-Trainer program- Cluster RCT

Materials for professionals in the intervention group

- **Pathways to Recovery, Volume I & II:** Reference materials for the Grow to Recovery program
- **Online course:** Leader training course (7.5 hours)
- **Leader manual:** Manual for leaders, including plans and key points for leading the Grow to Recovery program
- **Recovery handbook:** handbook for participants of the Grow to Recovery program



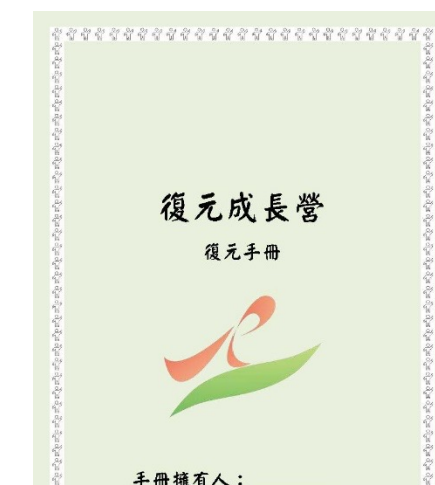
Pathways to
Recovery



Online course

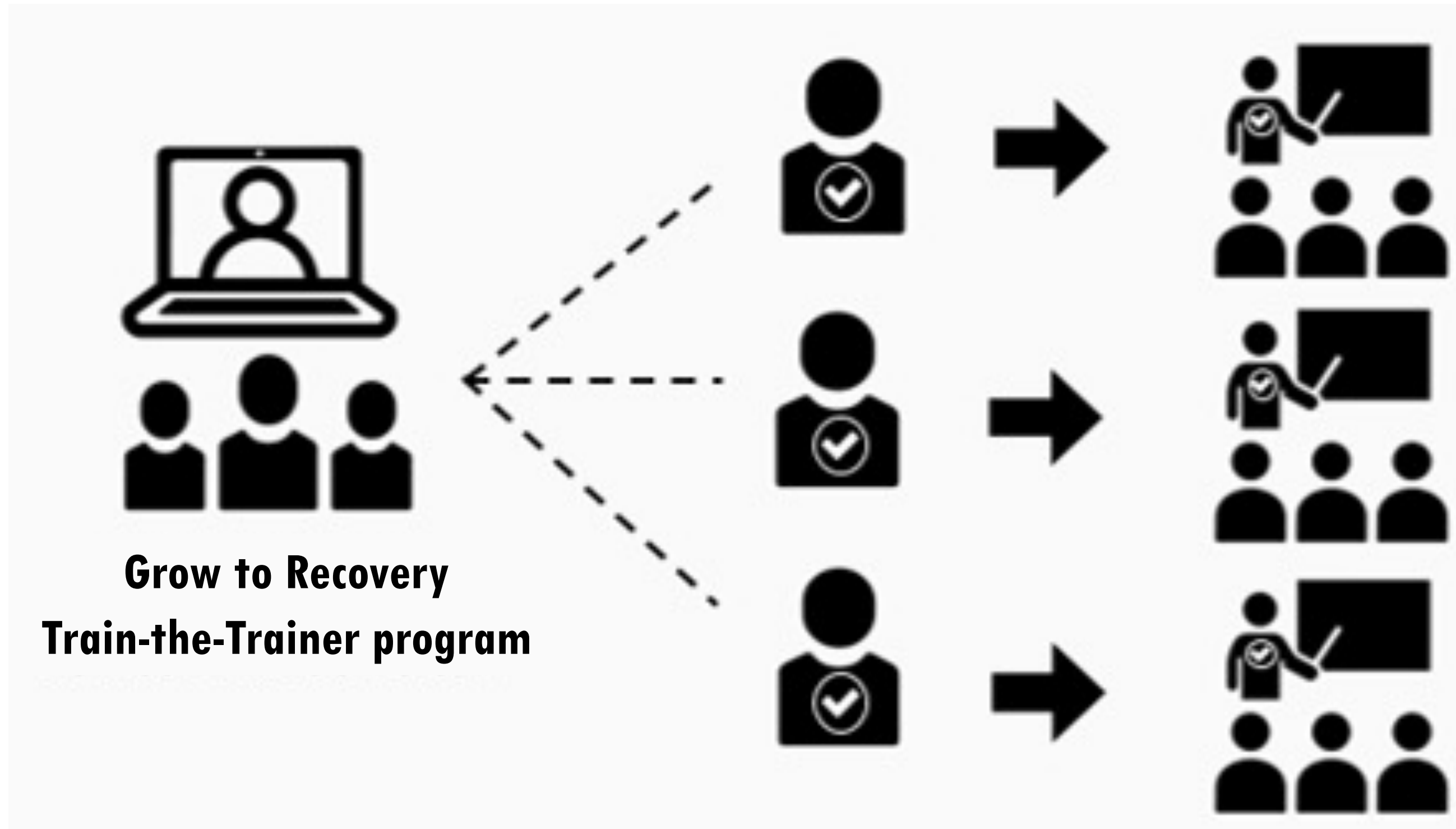


Leader manual



Recovery handbook

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Quantitative Results

- Professionals: Significant within-group difference was observed, but no significant between-group differences were found.
- People with mental illness: Significant improvements in the **Recovery Self-Assessment** and the **Hope subscale of the Recovery Stage Scale** compared to those in the control group ($p=.026$ and $.025$, respectively).

Table 1. Paired t-test analysis of professionals

Variables		Pre	Post	<i>p</i>
Recovery-Promoting Competency Scale	Intervention group(n=22)	81.86±9.10	86.59±8.39	.006*
	Control group(n=20)	82.05±9.48	85.95±8.94	.054
Recovery Self-Assessment	Intervention group(n=22)	3.47±0.34	3.53±0.35	.294
	Control group(n=20)	3.42±0.31	3.53±0.31	.173

*p value<0.05

Table 2. ANCOVA analysis of people with mental illness

Variables	Intervention group (n=54)	Control group (n=59)	<i>p</i>
Recovery-Promoting Relationships Scale	84.37±11.37	80.98±10.82	.064
Recovery Self-Assessment	3.45±0.45	3.28±0.44	.026*
Stages of Recovery Scale			
Hope	7.75±1.67	6.68±2.15	.025*
Disability management	22.30±4.44	20.56±5.87	.071
Autonomy	37.26±7.81	34.49±10.11	.184
Social functioning	16.15±4.38	15.05±4.56	.227
Overall well-being	18.81±5.30	17.19±6.09	.492
Help others	7.51±1.84	7.22±2.17	.603
Total	109.79±23.40	101.19±27.15	.162
Rosenberg Self-Esteem Scale	41.59±8.80	40.93±8.80	.517
Medical Outcomes Study Social Support Survey	70.98±14.87	69.76±15.28	.462
The Hope Scale			
Pathway	24.70±5.59	23.86±6.45	.628
Agency	24.43±5.82	22.97±6.08	.243
Total	49.13±11.13	46.83±12.19	.398
Brief Symptom Rating Scale-50	37.85±31.93	43.68±35.12	.868

Qualitative Results

Theme 1

Challenges in Facilitating the Grow to Recovery Program

Leading Skills of Professionals

“When I first learned that I would be leading this group, I was extremely anxious because each session lasted 1.5 hours. I kept wondering whether there would be enough content to fill that time and whether the participants would be able to follow the pace of the program. I had many doubts. However, after actually conducting the sessions, I realized that the participants were indeed capable and willing to engage. In fact, I felt that I was the one struggling to keep up with them” (P10).

Capabilities of Clients

“I think challenges do arise, because the participants’ conditions are quite diverse. Some have sufficient understanding, while others tend to be more socially withdrawn. For leaders, this is a significant challenge—they need to clearly deliver all the program content and then guide the group in a way that allows each participant to express themselves and receive feedback” (P15).

Qualitative Results

Theme 2

Changes Among People with Mental Illness

Increased Positive Thinking

“Gradually, they realized that without being hospitalized, they could still do many things. This helped them resonate with the idea of making efforts to avoid hospitalization. By the final session, I noticed that they sometimes used self-deprecating humor or were more at ease with their previous life experiences. They seemed more able to accept their own journeys and their past selves, sometimes even expressing it through dark humor” (P9).

Enhanced Self-efficacy

“After setting goals, they started to act toward achieving them. One participant who was attending vocational training outside began to set concrete goals after joining this course. For example, he set the daily production target and would report his progress to the staff, saying how much he had achieved and how much more he planned to accomplish the next day” (P19).

Improved Self-awareness

“After I explained the concept, he suddenly said, ‘Oh, I see.’ His reaction was quite endearing, as he began to connect it to himself and realized that in his daily life, he often found himself repeatedly stuck in similar situations. Through reflecting on the story and linking it to their own difficulties, their self-awareness was particularly impressive” (P8).

Qualitative Results

Theme 3

Changes Among Professionals

Practicing Partnership

“To be honest, we often view things from a professional perspective and unconsciously categorize patients in a hierarchical way. Through reflecting on recovery, I realized we all encounter similar problems in life; the differences lie in our coping strategies and the level of motivation we have. I gradually came to see that recovery is a two-way process—it is not only about what we provide to participants, but also about how their life experiences can inspire me and shape my thinking about relationships” (P14).

Providing Choices

“In the past, when discussing issues with clients, I tended to rely on encouragement and pushing them in a certain direction. Later, I began to ask whether they might have more than one option. When they want to do many things at once, I help them consider priorities. If I sense that something might exceed their capacity, I suggest exploring alternative options instead” (P17).

Conclusions

- This study verified the effectiveness of the Grow to Recovery Train-the-Trainer program.
- Participating organizations were all recovery-oriented, which may lead to limited differences between the intervention and control groups.
- Overall, the Grow to Recovery Train-the-Trainer program can be applied in community psychiatric rehabilitation organizations in Taiwan and help professionals lead the Grow to Recovery program within their organizations.

THANK YOU FOR YOUR ATTENTION



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